

Amendments to the Claims:

The listing of the claims set forth below will replace all prior versions, and listings, of claims in the application

Listing of Claims:

1. (Currently amended) A minimally invasive surgical method comprising:
 - making a first incision in a patient;
 - expanding the first incision to create a first pathway from the first incision to a first vertebra and a second vertebra;
 - advancing a first anchor through the pathway to a first anchor site on the first vertebra;
 - advancing a second anchor through the pathway to a second anchor site on the second vertebra;
 - making a percutaneous incision in the patient patent;
 - advancing a third anchor through the percutaneous incision to a third anchor site on the third vertebra;
 - positioning a first end of a fixation element in the first pathway;
 - advancing the first end of the fixation element subcutaneously to the third anchor; and
 - coupling the fixation element to the first anchor, the second anchor, and the third anchor.
2. (original) The method of claim 1, wherein expanding the first incision includes dilating the first incision to the first and second vertebrae.
3. (original) The method of claim 2, wherein dilating the first incision comprises sequentially dilating the first incision to the first and second vertebrae.

4. (original) The method of claim 2, wherein expanding the first incision further includes inserting a cannula into the dilated first incision, the cannula defining the first pathway from the first incision to the first and second vertebrae.
5. (original) The method of claim 2, wherein expanding the first incision further includes inserting a retractor into the dilated first incision and expanding the retractor within the first incision, the retractor defining the first pathway from the first incision to the first and second vertebrae.
6. (original) The method of claim 5, wherein the retractor includes a retractor blade having an opening formed therein that is configured to allow the first end of the fixation element to pass therethrough.
7. (original) The method of claim 1, wherein expanding the first incision comprises inserting a retractor into the first incision and expanding the retractor within the first incision, the retractor defining the first pathway from the first incision to the first and second vertebrae.
8. (original) The method of claim 1, further comprising creating a second pathway from the percutaneous incision to the third vertebra and advancing the third anchor through the second pathway to the third anchor site.
9. (original) The method of claim 8, wherein creating a second pathway comprises dilating the percutaneous incision to the third vertebra and inserting a cannula into the dilated percutaneous incision, the cannula defining the second pathway from the percutaneous incision to the third vertebra.
10. (original) The method of claim 1, wherein the third anchor has a percutaneous access device attached thereto, the percutaneous access device being sized to span from at least the percutaneous incision to the third vertebra, the percutaneous access device

having a lumen that defines a second pathway from a proximal end of the percutaneous access device to the third bone anchor.

11. (original) The method of claim 10, wherein the percutaneous access device has an opening formed therein to facilitate coupling of the fixation element to the third bone anchor.

12. (original) The method of claim 10, further comprising advancing a closure mechanism through the lumen of the percutaneous access device and engaging the closure mechanism to the third bone anchor to couple the fixation element to the third bone anchor.

13. (original) The method of claim 1, wherein the first, second, and third bone anchors are polyaxial bone screws.

14. (original) The method of claim 1, wherein the fixation element is a spinal rod.

15. (original) The method of claim 14, wherein the first end of the spinal rod has a bullet-shaped tip to facilitate passage of the tip through tissue.

16. (original) The method of claim 1, wherein the first end of the fixation element is advanced subfascially to the third anchor.

17. (original) The method of claim 1, further comprising removing disk material from the disk space between the first and second vertebrae through the first pathway.

18. (original) The method of claim 17, further comprising inserting bone graft into the disk space.

19. (original) The method of claim 18, further comprising inserting an interbody fusion device into the disk space.

20. (original) A minimally invasive surgical method comprising:
 - positioning a first anchor and second anchor in a first vertebra and a second vertebra, respectively, through a first incision made on a first side of a patient's spine;
 - percutaneously positioning a third anchor in a third vertebra through an incision distinct from the first incision;
 - advancing the first end of a fixation element subcutaneously from the first incision to the third anchor; and
 - coupling the fixation element to the first anchor, the second anchor, and the third anchor.
21. (canceled) The method of claim 20, wherein the first anchor is adjacent the second anchor.
22. (canceled) The method of claim 21, wherein the third anchor is adjacent one of the second anchor and the first anchor.
23. (canceled) The method of claim 20, further comprising removing disk material from the disk space between the first and second vertebrae through the first incision.
24. (canceled) The method of claim 23, further comprising inserting bone graft into the disk space.
25. (canceled) The method of claim 24, further comprising inserting an interbody fusion device into the disk space.
26. (canceled) The method of claim 21, further comprising making a third incision on a second side of the patient's spine opposite the first side of the patient's spine and removing disk material from the disk space between the second vertebra and the third vertebra through the third incision.

27. (canceled) The method of claim 26, further comprising inserting bone graft into the disk space between the second vertebra and the third vertebra.
28. (canceled) The method of claim 27, further comprising positioning a fourth anchor and a fifth anchor in the second vertebra and third vertebra, respectively, through the third incision.
29. (canceled) The method of claim 28, further comprising percutaneously positioning a sixth anchor in the first vertebra through an fourth incision on the second side of the patient's spine, the fourth incision being distinct from the third incision; positioning the first end of a second fixation element into the third incision; advancing the first end of the second fixation element subcutaneously to the sixth anchor; and coupling the second fixation element to the fourth anchor, the fifth anchor, and the sixth anchor.
30. (original) A minimally invasive surgical method comprising:
 - positioning a first bone screw and a second bone screw into a first pedicle of a first vertebra and a first pedicle of a second vertebra, respectively, through a first incision made on a first side of a patient's spine;
 - percutaneously positioning a third bone screw into a first pedicle of a third vertebra through a second incision, wherein the second incision is located on the first side of the patient's spine and is distinct from the first incision;
 - positioning a fourth screw and a fifth screw into a second pedicle of the second vertebra and a second pedicle of the third vertebra, respectively, through a third incision made on a second side of the patient's spine;
 - percutaneously positioning a sixth bone screw into a second pedicle of the first vertebra through a fourth incision, wherein the fourth incision is located on the second side of the patient's spine and is distinct from the third incision;
 - positioning the first end of a first spinal rod in the first incision;
 - advancing the first end of the first spinal rod subcutaneously to the third bone screw;

coupling the spinal rod to the first bone screw, the second bone screw, and the third bone screw;
positioning the first end of a second spinal rod into the third incision;
advancing the first end of the second spinal rod subcutaneously to the sixth bone screw; and
coupling the second spinal rod to the fourth bone screw, the fifth bone screw, and the sixth bone screw.

31. (original) The method of claim 30, further comprising removing disk material from a first disk space between the first and second vertebrae through the first incision and removing disk material from a second disk space between the second and third vertebrae through the third incision.

32. (original) The method of claim 31, further comprising inserting bone graft into the first disk space through the first incision and inserting bone graft into the second disk space through the third incision.

33. (original) The method of claim 32, further comprising inserting an interbody fusion device into the first disk space and inserting an interbody fusion device into the second disk space.

34. (withdrawn) A retractor blade comprising: a body having a proximal end and a distal end, the body having a longitudinally oriented slot extending proximally from the distal end of the body.

35. (withdrawn) The retractor blade of claim 34, wherein the slot is centrally located between opposing side walls of the body.

36. (withdrawn) The retractor blade of claim 34, wherein the slot is sized to allow a spinal rod to pass therethrough.